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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
HAY, Martin Alexander	39,459
STEINBERG, Michael	43,160
BROWDER, Monte	36,761

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

024330

OR

<input checked="" type="checkbox"/> Firm or Individual Name	HAY, Martin Alexander				
Address	Martin A. Hay & Co., 13 Queen Victoria Street				
City	Macclesfield	State	Cheshire	Zip	SK11 6LP
Country	UNITED KINGDOM				
Telephone	+44-1625-500057	Fax	+44-1625-500058		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Austen John WOOLFE	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 4 forms are submitted.

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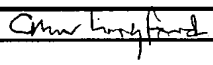
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SIGNATURE of Applicant or Assignee of Record

Signature		Date	9 / 12 / 2004
Name	Alan LANGFORD	Telephone	01992 469 061
Title and Company	R & D Director INAX		

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SIGNATURE of Applicant or Assignee of Record

Signature		Date	
Name	Jacqueline Yvonne ALLEN	Telephone	
Title and Company			

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WOOLFE, Austen John

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Art Unit**Examiner Name****Attorney Docket Number**

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Date

Name

Mark Clifford ELLIOTT

Telephone

Title and Company

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>A. J. Woolfe</i>	Date	13 Dec 04
Name	Austen John WOOLFE	Telephone	
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Date

Name

Alan LANGFORD

Telephone

Title and Company

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PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

WOOLFE, Austen John
31 Emberson Way
North Weald
Essex. CM16 6DL
United Kingdom

hereby appoints (appoint) the following person as:

☐

agent

☒

common representative

Name and address

(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

Norton Healthcare Limited
Ivax Quays
Albert Basin
Royal Docks
LONDON E16 2QT
United Kingdom

to represent the undersigned before

☒

all the competent International Authorities

☐

the International Searching Authority only

☐

The International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: **Pharmaceutical Composition**

Applicant's or agent's file reference: **00303/WO**

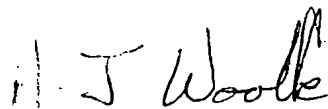
International application number (if already available): **PCT/GB2003/002669**

Filed with the following office

UNITED KINGDOM

And to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



Austen John WOOLFE

Date

29/8/03

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

LANGFORD, Alan
33a Briscoe Road
Hoddeston
Hertfordshire EN11 9DG
United Kingdom

Hereby appoints (appoint) the following person as: ☐ agent ☒ common representative

Name and address

(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

Norton Healthcare Limited
Ivax Quays
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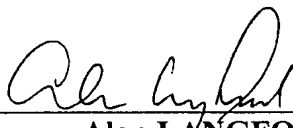
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Alan LANGFORD

Date 02 September 2003.

PCT

POWER OF ATTORNEY

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(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

ALLEN, Jacqueline Yvonne
13 Peartree Avenue
Earlsfield
LONDON
SW17 0JG
United Kingdom

Hereby appoints (appoint) the following person as:

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agent

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common representative

Name and address

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29/08/03

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The undersigned applicant(s) (Names should be indicated as they appear in the request):

ELLIOTT, Mark Clifford
40 Farleigh Road
Stoke Newington
N16 7TH
United Kingdom

hereby appoints (appoint) the following person as:

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UNITED KINGDOM

and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



(Name)

Mark Clifford ELLIOTT

Date

29th Aug 2003